

MERCER COUNTY OFFICE FOR THE DISABLED

Program Application



Program Location:

See specific information for each program location in brochure.

Participant INFORMATION

Name _____ DOB _____ Age _____
Street _____ Town _____ State _____ Zip _____
Program _____ Phone # _____
E-mail _____

Participant Information	Y	N
1. Does the participant have need of any special accommodations?		
2. Is the participant ambulatory?		
3. Is the participant able to communicate verbally?		
4. Does the participant have any sensory impairments?		
8. Can the participant:		
- follow simple instructions		
- know how to use telephone		
- function independently(without 1:1 supervision)		
9. Are there any activities that should be avoided?		
10. Are there any precautions that should be considered when the participant participates in activities?		

PARENT INFORMATION

Name of parent/guardian _____
Relation to participant _____
Place and address of employment _____
Work telephone _____ Extension# _____
Home telephone _____

Please submit application(s) by Registration dates listed in brochure

County of Mercer
Office for the Disabled
640 S. Broad Street
PO Box 8068
Trenton, NJ 08650-0068
Attn: Diane S. Tighue

I certify that the information provided on this application is true and correct to the best of my knowledge.

Signature _____

Date _____